

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/13/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right ankle arthroscopy, debridement

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the proposed right ankle arthroscopy, debridement is not supported as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The injured worker is a male who reportedly was injured on xx/xx/xx when he stepped in a hole covered with grass and rolled his right ankle. He fell to the ground hitting his right shoulder and right knee. The injured worker is status post right knee surgery on 05/09/14 and status post right shoulder surgery on 08/26/14. The injured worker was seen in follow-up on 03/10/15 for right ankle synovitis and plantar fasciitis. It was noted that the injured worker underwent a right ankle steroid injection on 08/26/14 with brief improvement. He continues to have intermittent sharp, stabbing pain at the anteromedial aspect of the right ankle with activities. He no longer is having any pain in the plantar aspect of the heel. Ankle examination on this date reported the injured worker ambulates on the right lower extremity with a normal gait; there is no significant swelling; skin is intact; there is point tenderness at the anteromedial aspect of the ankle; there is no tenderness at the plantar heel; there is full range of motion throughout; there is no gross ligamentous laxity; light touch is intact; there are good distal pulses. Right ankle MRI dated 11/05/13 revealed no acute osseous, ligamentous, or tendinous abnormality; attenuation of the deltoid and lateral ligaments related to remote injury.

Utilization review dated 03/12/15 determined that right ankle arthroscopy did not meet criteria for medical necessity. The reviewer noted that on physical examination there were no measurable ranges of motion, sensory deficits or muscle measurements submitted for review. Additionally, current evidence based guidelines reflect that there is insufficient evidence based literature to support or refute the benefit of arthroscopy for treatment of synovitis. Also, there is no pathology evident on imaging that would benefit from surgical treatment

A reconsideration request was reviewed on 03/20/15, and again the request for right ankle arthroscopy was determined to not meet medical necessity guidelines. The reviewer noted

that physical examination was normal except for point tenderness at the anteromedial aspect of the ankle. There was no swelling, no plantar tenderness, and range of motion was full. There was no intra-articular pathology noted on MRI.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Based on the clinical information provided, it is this reviewer's opinion that medical necessity has not been established for right ankle arthroscopy, and the previous reviews should be upheld. The injured worker sustained injuries to the right shoulder, right knee and right ankle secondary to a fall at work. He has undergone surgical intervention to the right knee and right shoulder, and continues to complain of intermittent right ankle pain. Diagnosis is right ankle synovitis and plantar fasciitis. MRI scan of the right ankle showed no intra-articular pathology. Physical examination was unremarkable with full range of motion throughout, no ligamentous laxity, no significant swelling, and normal gait. Given the current clinical data, it is the opinion of this reviewer that the proposed right ankle arthroscopy, debridement is not supported as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)